

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D. H.</i>	<i>12193</i>	<i>11/4/99</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>11/10</i>
FORMALITY REVIEW	<i>Qu</i>	<i>64930</i>	<i>11-24</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	0	0	
2	0	0	
3	0	0	
4	0	0	
5	0	0	
6	0	0	
7	0	0	
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44	0	0	
45	0	0	
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47	0	0	
48	0	0	
49	0	0	
50	0	0	

Claim	Final	Original	Date
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52	0	0	
53	0	0	
54	0	0	
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56	0	0	
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97	0	0	
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99	0	0	
100	0	0	

Claim	Final	Original	Date
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112	0	0	
113	0	0	
114	0	0	
115	0	0	
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143	0	0	
144	0	0	
145	0	0	
146	0	0	
147	0	0	
148	0	0	
149	0	0	
150	0	0	

If more than 150 claims or 10 actions  
staple additional sheet here

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